

Best Available Copy

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

	CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.		DEP.		IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	+/-						51					
2		+/-					52					
3		+/-					53					
4		+/-					54					
5		+/-					55					
6		+/-					56					
7		+/-					57					
8		+/-					58					
9		+/-					59					
10		+/-					60					
11	+/-						61					
12		+/-					62					
13		+/-					63					
14		+/-					64					
15		+/-					65					
16		+/-					66					
17	+/-						67					
18		+/-					68					
19	+/-						69					
20	+/-						70					
21		+/-					71					
22		+/-					72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL O.							TOTAL IND.					
TOTAL P.							TOTAL DEP.					
TOTAL AIMS							TOTAL CLAIMS					